

APPLICATION FOR FOOD STAMP BENEFITS FOR EVACUEES OF HURRICANE KATRINA

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)		COUNTY USE ONLY	
2. MAIDEN OR OTHER NAME (IF ANY)		CASE NAME	
3. CURRENT ADDRESS: NUMBER STREET		CASE NUMBER	
CITY STATE ZIP CODE		DATE RECEIVED	
4. MAILING ADDRESS (IF DIFFERENT)			
CITY STATE ZIP CODE			
5. TELEPHONE NUMBER(S): HOME ( )		MESSAGE ( )	
6. Were you a resident of an area affected by Hurricane Katrina on August 29, 2005? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what city, county/parish and state are you from?		Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Sworn Statement <input type="checkbox"/>	
7. How many persons are you applying for who are also evacuees of Hurricane Katrina and who are with you now? _____			
County Use/Comments			
• I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.			
8. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE		DATE SIGNED	COUNTY OF APPLICATION
SIGNATURE OF WITNESS TO MARK OR INTERPRETER		DATE SIGNED	COUNTY OF RESIDENCE (IF DIFFERENT)